

PARTICIPANT ENTRY FORM

Parish: _____

Boys

Name

Date-of-Birth

Month/Day/Year

1. _____

2. _____

Alternate _____

Girls

Name

Date-of-Birth

Month/Day/Year

1. _____

2. _____

Alternate _____

The following documents must be attached to Entry Form and forwarded to the Governor's Council on Physical Fitness and Sports office:

***Copy of Birth Certificate**

***Physician's Statement**

Coach: _____

Address: _____

Telephone#(O) _____ (H) _____

****A copy of the physician's statement for each participant must be attached to this entry form.
(Will Not Accept Nurse's Signature)**

!!!DEADLINE!!!!FRIDAY, FEBRUARY 24, 2010. NO ENTRIES WILL BE ACCEPTED AFTER 4:00 PM ON THIS DATE.